

# TWENTY-FOUR (24) HOUR ADVERSE INCIDENT NOTIFICATION

As reported to the State Watch Office by telephone at (800) 320-0519

Reported by \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date & Time of report: \_\_\_\_\_

State Watch Office Representative accepting report: \_\_\_\_\_

**Pursuant to Rule 62-620.610(20),F.A.C. the following information must be supplied by phone to the State Watch Office within 24 hours of observance, or receipt of notification, of an adverse incident:**

Caller's name, address, phone \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Operator's name, address, phone \_\_\_\_\_  
(if different from caller) \_\_\_\_\_  
\_\_\_\_\_

Generic permit number \_\_\_\_\_

Contact person, phone \_\_\_\_\_

Date & time of Adverse Incident \_\_\_\_\_ Status: \_\_\_\_\_ Ongoing \_\_\_\_\_ Ceased

Date & time Operator became aware of Adverse Incident \_\_\_\_\_

Method of Notification to Operator: \_\_\_\_\_ Employee (name) \_\_\_\_\_

\_\_\_\_\_ Member of Public (name, address, phone) \_\_\_\_\_

\_\_\_\_\_ In person \_\_\_\_\_ By phone \_\_\_\_\_

\_\_\_\_\_ In writing (keep copy for records) \_\_\_\_\_

Description of location or address of Adverse Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Water body affected (if any) \_\_\_\_\_

Description of the Adverse Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EPA pesticide registration number for each product applied to area \_\_\_\_\_  
\_\_\_\_\_

Description of corrective measures \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other persons or agencies contacted \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# THIRTY (30) DAY ADVERSE INCIDENT WRITTEN REPORT

To: Florida Department of Environmental Protection  
Bob Martinez Center/Industrial Wastewater Section  
2600 Blair Stone Road, Mail Station 3545  
Tallahassee, FL 32399-2400

Date \_\_\_\_\_

By: Certified Mail Receipt number \_\_\_\_\_  
or email: \_\_\_\_\_ PGPadverseincidentreport@dep.state.fl.us

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date/time State Watch Office was contacted \_\_\_\_\_

Office instructions (if any) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Incident \_\_\_\_\_  
Water body(s) affected \_\_\_\_\_  
Appearance of waters \_\_\_\_\_

Description of Adverse Incident (including species affected, their size, number and condition)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Anticipated duration of continuance (if not already corrected) \_\_\_\_\_

Total area affected (e.g. aquatic acreage or stream distance) \_\_\_\_\_

Pesticide information: Application rate: \_\_\_\_\_ Intended site \_\_\_\_\_  
Product name, AI, EPA Registration number: \_\_\_\_\_

Habitat description, including any available ambient water data: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Laboratory tests performed, if any \_\_\_\_\_  
(summary of test results to be supplied to Department within five (5) days of availability)

Justification for claiming Adverse Incident was not caused by pesticide exposure (if applicable)  
\_\_\_\_\_  
\_\_\_\_\_

Planned preventative procedures: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_